



Passport Privacy Authorization Form

Under the provisions contained in the Privacy Act, information from federal government records on individuals may not be released without written consent. I hereby authorize Congresswoman Lizzie Fletcher and her staff to make the necessary inquiries on my behalf to obtain information on a matter of concern.

******* Please provide a written statement. *******

Signature	Date
Print Name of Passport Applicant	Social Security
Phone	Email
Date of Birth	Mailing Address
Passport Application Number	Date of Application Submission
Travel Destination	Travel Date